

INITIAL TREATMENT PLAN

State of Michigan
Department of Human Services
Bureau of Juvenile Justice

CASE NAME	DATE OF BIRTH	DHS CASE #
COUNTY	ADMISSION DATE	JJOLT #
JJS PHONE #:	NAME OF FACILITY	COURT CASE # COURT
TREATMENT LEADER PHONE #:	CURRENT SECURITY LEVEL	HIGHEST ADJUDICATED OFFENSE COMMITMENT DATE
VICTIM NOTIFICATION REQUEST Yes <input type="checkbox"/> No <input type="checkbox"/>	MOST RECENT RISK LEVEL	REPORT DUE DATE
PARENT or GUARDIAN'S NAME(S) PHONE #:		

I. COURT ORDERS

"Click Here and Type"

II. CASE MANAGEMENT

A. Contacts

Date	Person Contacted	Type of Contact	Purpose
"Click/Type"			

B. Treatment Plan Participants:

30 Day Conference Held Yes ☐ No ☐

Date of Conference:

Resident:	Gave Input <input type="checkbox"/>	Did Not Give Input <input type="checkbox"/>
Parent/Guardian:	Gave Input <input type="checkbox"/>	Did Not Give Input <input type="checkbox"/>
JJS:	Gave Input <input type="checkbox"/>	Did Not Give Input <input type="checkbox"/>
YGL/Treat. Team:	Gave Input <input type="checkbox"/>	Did Not Give Input <input type="checkbox"/>
Other:	Gave Input <input type="checkbox"/>	Did Not Give Input <input type="checkbox"/>

C. If listed participant did not give input, document the reason.

"Click Here and Type"

III. BACKGROUND INFORMATION

Offense Record:

Date	Court	Offense Charged/Adjudicated or Convicted
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"Click/Type"

Placement History:

"Click Here and Type"

Social History

"Click Here and Type"

"Click Here and Type"

IV. VICTIM/COMMUNITY RESTORATION PLAN

"Click Here and Type"

V. INITIAL ADJUSTMENT TO PROGRAM

"Click Here and Type"

VI. TREATMENT GOALS:

"Click Here and Type"

VII REINTEGRATION PLAN:

The Reintegration plan must address the following areas:

- Education
- Ability to obtain and maintain adequate housing
- Ability to manage resources
- Sufficient living skills to live independently
- Realistic goals and expectations
- Acceptable interpersonal relations
- Economic self sufficiency
- Other

"Click Here and Type"

VIII PROJECTED NEXT PLACEMENT :

"Click Here and Type"

IX. PROJECTED LENGTH OF STAY:

"Click Here and Type"

X. VISITATION PLAN FOR YOUTH AND FAMILY:

"Click Here and Type"

XI. SEX OFFENDER REGISTRATION (If applicable, has the youth been listed and has the address been updated on the registry? If so, attach copy of new or updated registration).

"Click Here and Type"

XII. DNA PROFILE (When applicable, has the youth's DNA profile sample been submitted to the Michigan State Police? Attach copy of completed DHS-62.)

"Click Here and Type"

XIII. CASE PLAN DEVELOPMENT:

The _____, _____, working in cooperation with the Juvenile Justice Specialist, _____, is responsible for the overall coordination and monitoring of the youth's residential treatment and services plan, including family goals. The _____ Treatment Team, in cooperation with the Juvenile Justice Specialist, will be responsible for implementing the Treatment Plan.

XIV. DATE NEXT TREATMENT UPDATE IS DUE (A maximum of 3 months from the date of this report):

Prepared by:

TREATMENT LEADER

COMPLETION DATE: "Click Here and Type"

Approved by:

cc:

Attachments:

The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.	AUTHORITY: PA 280 OF 1939 PENALTY: None	COMPLETION: Voluntary
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